

# ADOPTION CLOSING SUMMARY

## Michigan Department of Human Services

Child's Birth Name			
Child's Adoptive Name			Date of Birth
Adoptive Parent Name(s)			Phone Number (     )
Address (Street No. and Name, City, State, Zip Code)			
Referring FOSTER CARE AGENCY/WORKER		ADOPTION WORKER	
Date of Termination of Parental Rights:		Date of Commitment:	Date of Adoptive Placement
Date of Order of Adoption (finalization):	Date of Disruption: (if applicable)	Date Case Closed:	Date Closing Summary Completed:
Adoptive Placement <input type="checkbox"/> Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Recruited Family <input type="checkbox"/> Unrelated Caregiver <input type="checkbox"/> Other			
<input type="checkbox"/> Adoption Closing <input type="checkbox"/> Non-Adoption Closing  Comments: For Non-Adoption Closing, explain why an adoption was not achieved or was not appropriate in this section.			
Are there siblings?		Are the siblings placed together?	
<input type="checkbox"/> No <input type="checkbox"/> Yes      If yes →		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are sibling visits currently occurring?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
What kind of subsidy was established?			
<input type="checkbox"/> Support <input type="checkbox"/> Medical <input type="checkbox"/> None			
Was the family informed of post adoption services?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
What, if any, post adoption services might the family need?			
<input type="checkbox"/> Copy of Closing Summary Sent to DHS Monitor (POS Cases)                      (Date)			
Adoption Worker Signature		Date	Adoption Supervisor Signature
Printed Name		Printed Name	
Agency Name		Agency Phone	
		(     )	
AUTHORITY: State P.A. 288 of 1939, as amended, MCLA0710.27(5) RESPONSE: Voluntary PENALTY: None		Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	